Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002497

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 16680 N 98th St City Waverly, NE Zip 68462
(no rural route)

Legal Description S25 T12 R7 North 1st 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 19-25-302-001-000 *Approx. Address (If to be determined)

B. Owner

Name Taylor North Signature

Address 9900 Branched Oak Rd City/State/Zip Waverly, NE 68462

Home Phone Work Phone

C. Certified Installer

Name: Mason Hochstein Signature

Address PO Box 142 City/State/Zip East, NE 68347

Work Phone 402-730-7749

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.15
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 12-13-22 Amount Paid $460.00
Received By JAO Cash/Check No. CC 5792

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 16680 N 98th St (no rural route) City Waverly NE, Zip 68462

Owner Taylor Muth Address 9900 Bramble Oak Rd

Date of Tests 12-10-22 to 12-12-22 Weather: Precipitation 0 Temperature 47°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	42	12-10	5:00	12-11	9:25	12-11	12:55	6	12-11	1:25	30m	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hodik

Phone: 402-730-7749

Address PO Box 142
Eagle, NE 68347

Soil type (NRCS Maps/Other) Aksarben silty clay loam

Groundwater Depth 10+

Sum of Percolation Rates: [redacted] 150

Average of Rates: 37.50

Rate Used for Calculation: 37.50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

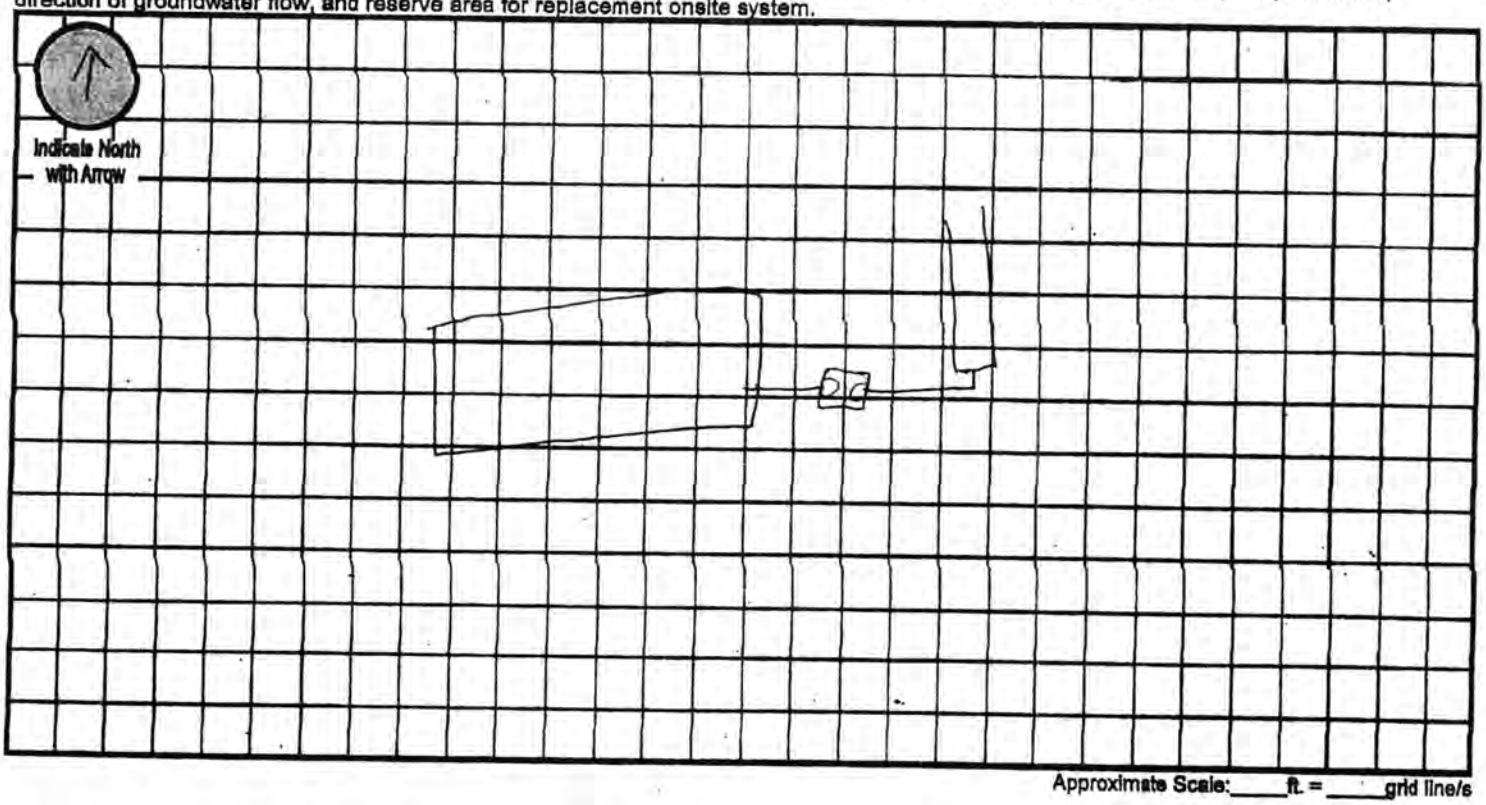
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 16680 N 98th St City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 37.1 (min/inch = mpi) No. of Bedrooms 4 Soil Type Aksarben silty clay loam Land Slope 2 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1125 Sq. Ft.

Total length of laterals 250 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other E2 Flow

No. of Absorption Trenches 2 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds — Width — No. of Distribution Lines per Bed —

Installer Marcus Hockin Date: 12-12-22

Updated 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002497

System Type: Standard

Situs: No Site Address Specified

Issued: 12/13/2022

Expires: 12/13/2023

Description: NETH 1ST ADDITION, Lot 1

Owner: NETH, TAYLOR C & CHERA A
9900 BRANCHED OAK RD
WAVERLY, NE 68462

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

MARCUS HOCHSTEIN
PO BOX 142
EABLE, NE 68347

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

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Comments
Date rec'd 12/13/22
Date frwd 12/13/22
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
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Date frwd
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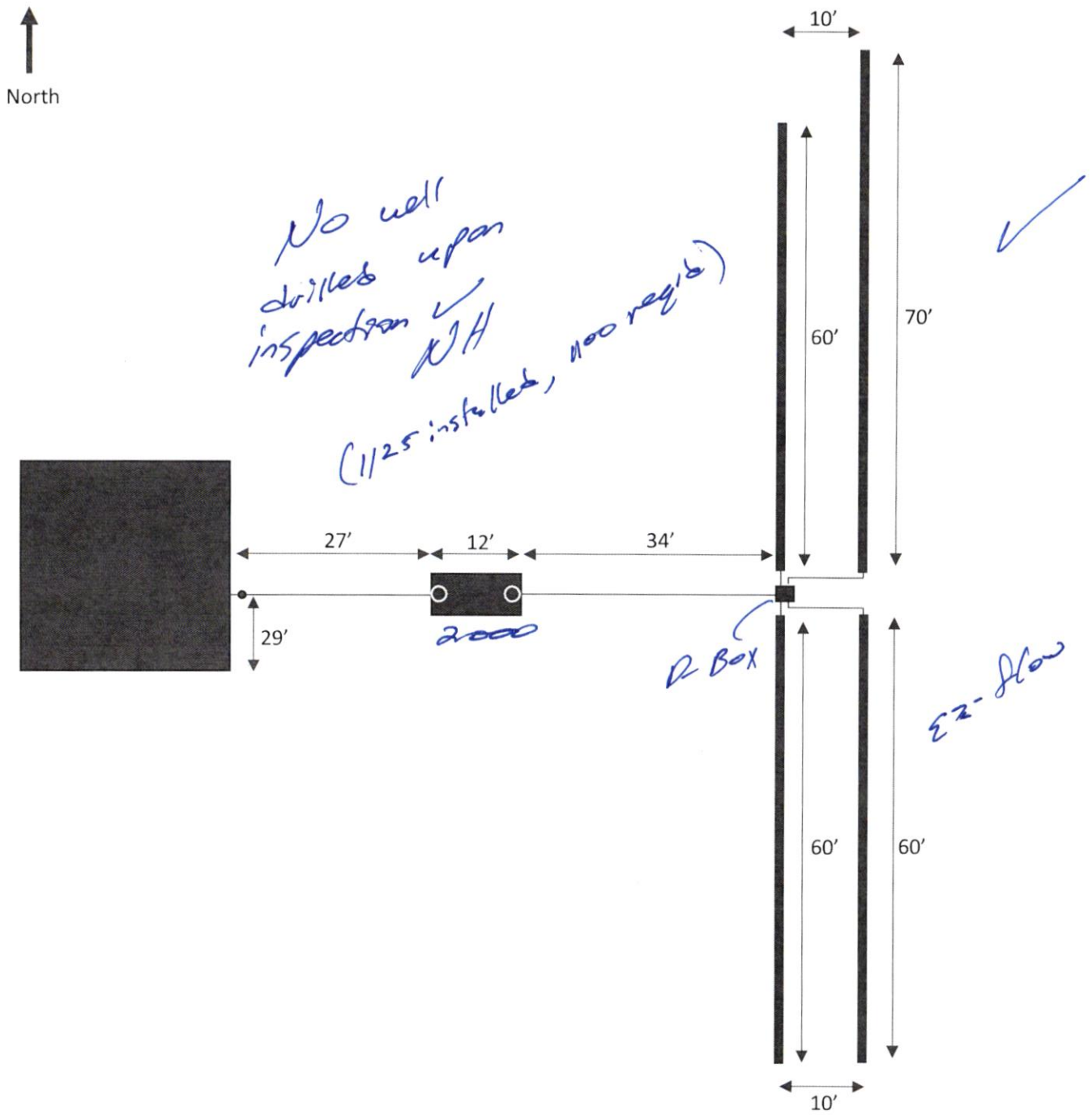
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 4/18/23

Business Office Use Only
Date Received 12-13-22 Amount Paid $460.00
Received By JAO Cash/Check No cc 5792

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15


North
10'
60'
70'
No well drilled upon inspection
(1/25: installed, not req'd)
27'
12'
34'
29'
2000
R Box
EZ-flow
60'
60'
10'